



International Network of Women Against Tobacco

Advisory Board

Amanda Amos (United Kingdom), Norma Cronin (Ireland), Elif Dagli (Turkey), Margaretha Haglund (Sweden), Mervi Hara (Finland), Isabel Nerin (Spain), Martina Pötschke-Langer (Germany), Sofia Ravara (Portugal), Elizabeth Tamang (Italy), Dolores Marin Tuya (Spain)

Editorial

Welcome to the European Conference Tobacco or Health (ECToH) in Berlin 19-22, February 2020. We are meeting in Berlin with the gloomy fact that the European WHO Region has the highest prevalence of women smokers globally. Sofia Ravara of the University of Beira Interior in Covilha, Portugal summarizes the latest findings of WHO in our region, ending with the message that all political measures must be used to end the tobacco epidemic. During ECToH Luk Joossens of European Cancer Leagues (ECL) presents the newest data on European Tobacco Control Scale: many European countries are on a track for establishing effective tobacco control measures such as high tobacco tax increases, comprehensive tobacco advertising and marketing bans, smokefree environments and sufficient support for smokers to quit. However there is no single European country with female specific strategies to end smoking among women. In this INWAT Newsletter, Margareta Haglund of the Swedish ThinkTank Tobaksfakta gives an overview of the participation of women in the process of communicating science and public health in conferences and getting acknowledgement for their work by international awards from WHO. Her result: The European Region is leading in women's participation! Let us continue to do our best in supporting women's leadership!



*Martina Pötschke-Langer,
President of the ECToH,
European Conference
Tobacco or Health 2020 in Berlin*

The European Region- the best supporter of women's leadership in tobacco control

The promotion of women's leadership in tobacco control is one of the priorities shared by the International Network of Women Against Tobacco Europe. The preamble of the FCTC also clearly states its support of women. An important part of empowering women is ensuring the equal representation of women and men as speakers and chairs in different types of sessions at tobacco control conferences, such as European conferences on tobacco. Also important is that women receive recognition for their notable work, e.g. via official awards recognizing tobacco control champions. Historically, although the majority of tobacco-control practitioners are women, they have often been underrepresented as both plenary speakers and as awardees for tobacco control champions such as the World Health Organisation (WHO) World No Tobacco Award.

Since the adoption of the FCTC I have on behalf of INWAT carefully taken note of the sex distribution of the most prestigious tobacco control awards. The results so far are gloomy except for the European Region.

The sex-distribution of individual WHO World No Tobacco Awardees since the FCTC entered into force until now (2005-2019) clearly shows that the balance is very biased towards males. Eg. data show that males in Africa and the Western Pacific are four times more likely than females to be awardees. Males in EMRO (Eastern Mediterranean Region) are three times, males in Americas and SEARO (South East Asian Region) twice as likely to be award recipients than females. Only the European Region seems to have taken note of the FCTC with almost the same number of male and female awardees. Hopefully the other Regions will be inspired by Europe as this sex imbalance cannot continue in any region.

Also at bigger conferences in Europe nowadays, after a setback at the Porto 2017 ECToH conference where women were very underrepresented at plenary sessions as well as in the opening session there is nowadays often an excellent balance in between women and men among plenary speakers as well as in symposiums and at workshops. The Berlin ECToH conference now in February 2020 has worked hard for the gender balance with an excellent outcome. Hopefully Berlin has now set the standard for future ECToH conferences!

But do not think our achievements can be taken for granted; I will promise you that "Granny against Tobacco" in Sweden will continue to be vigilant.

Tobacco use trends by gender in the WHO European Region: a snapshot from the latest WHO reports.

According to the latest WHO reports on Global and European tobacco use trends, WHO-Europe region (EUR) still ranks first among WHO regions with 26% of the population being current tobacco users, being higher among males (34%, around 1/3) than females (19%, nearly 1/5). Tobacco smoking remains the most frequent product used (99%). In order to curb the global epidemics of tobacco use and non communicable diseases, EUR countries have engaged in several policy frameworks. New avenues for tobacco control have been drawn such as the human rights framework and the sustainable development goals, both promoting gender equality. While progress has been achieved, mostly driven by countries who strongly adopted their political and public health commitments, EUR is still far from the 2025 target of 30% reduction in tobacco use: half of the countries will not reach this target. In fact, only 6 countries are on track with this goal (Austria, Denmark, Iceland, Norway, Sweden and UK), while other 6 countries are not expected to achieve any decline in tobacco use until 2025 (Croatia, France, Kyrgyzstan, Portugal, Republic of Moldova and Slovakia). Significant differences persist in age-standardized overall smoking prevalence: higher rates above 30% were reported in Central and Eastern EUR countries, while lower than 20% were observed in the Nordic countries and Central Asia. In the EUR, variation in tobacco use and gender patterns are strongly associated with geographical subregions, namely, the EU15 (joined the EU before 2004), the EU13 (joined the EU after 2004) and the Commonwealth Independent States (CIS). The highest male smoking prevalence was reported in CIS and the lowest in the EU15. Male-specific prevalence over time (2000-2015) showed, in general, decreasing trends in most EUR countries, with a median decline around 1.5% year (around 23%), however the pace of decrease significantly differed among countries. In 2015, standardized male smoking prevalence was higher in Russia (60%) and four times lower in Iceland (16%). Projections of male current tobacco use from 2015 to 2025 estimate further decreasing trends, however, disparities between countries will expand, with prevalence ranging from 10% to 55%. An opposite trend was only observed in two CIS countries. Kyrgyzstan and the Republic of Moldova experienced increasing prevalence among males and are projected to maintain this trend, underlining the need for comprehensive tobacco control. On the other hand, EUR Northern countries are expected to achieve the sharpest decline by 2025. Regarding the gender prevalence gap, it is narrower in the EU15 countries than in the EU13 or CIS, due to higher tobacco use among females in the EU15. By contrast, wider and persistent higher prevalence difference between males and females within

countries is prominent in the CIS subregion. In Kyrgyzstan, for example, prevalence in 2015 was: 50.1% in males; 3.7% in females. While these differences may be due to social and religious beliefs and practices, WHO underlines that underreporting driven by stigma should also be considered. Females in the EU13 smoke more on average than those in CIS countries, which explains the smaller gender gap in the EU13. In Croatia, for example, women smoke nearly the same as men: in 2015, female prevalence was 28.9%, compared with 37.9% in males. Among EUR women, time trends are more difficult to predict since 1) tobacco prevalence range differences are substantially wider within countries belonging to different subregions; 2) several countries in different subregions show opposite trends.

Regarding female tobacco use, as illustrated in figure 1, the EU15 countries rank first, however they show a steady decreasing trend over time, with a few exceptions: Greece, France and Portugal where female prevalence is

decreasing slowly, has stalled or is on the rise. In addition, and in contrast to the downward slope trend among males, female prevalence trends in some of the CIS and EU13 countries, namely the Russian Federation, Georgia, Croatia, and Czechia are declining rather slowly, or are on the rise. It should also be emphasized that the overall decreasing trend observed among males in the more mature EU15 countries, is both earlier and more pronounced than among females in this subregion. Analysis of tobacco-smoking in 2010 by country and estimated 2025 projections shows that prevalence among females is systematically lower than among males in EUR, especially in Uzbekistan, Azerbaijan and Armenia, where female prevalence tends to be zero. Overall tobacco-smoking rates will continue to decrease among European females and males, however female prevalence will remain high and will even increase in a few countries. EUR is the only region not on track to achieve the 30% reduction goal among women. Worldwide, female tobacco-smoking prevalence in the European Region will remain the highest.

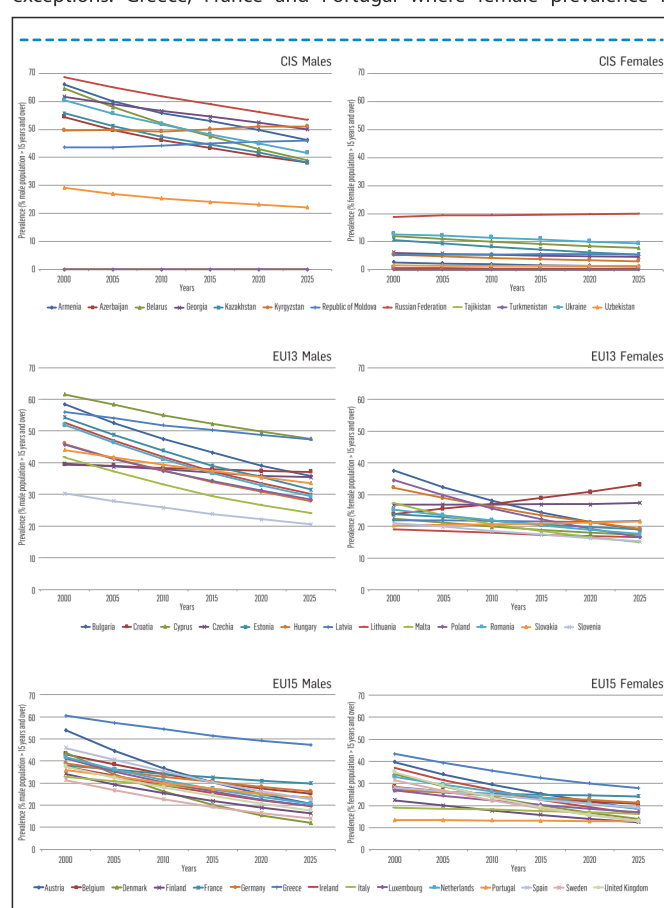
The evolution of the tobacco epidemic is influenced by the cultural, socio-economic and geopolitical context mirroring the social beliefs and attitudes towards tobacco. This is linked to women's emancipation movements and gender social roles. On the other hand, smoking prevalence by gender naturally monitors the tobacco industry gender-specific marketing and the effectiveness of the national tobacco control policy. The complex interaction of these social, economic, political, and commercial forces explain the different scenarios in Europe regarding tobacco use gender trends. In order to change these trends, European countries will have to strengthen comprehensive tobacco control and implement gender-responsive policies to specifically target women while maintaining the downward slope among men.

The WHO reports describe a consistent trend of higher current smoking among subgroups with lower educational level and disadvantaged subgroups, pointing out the need for comprehensive tobacco control and tailored interventions to disadvantaged populations, including smoking cessation counselling and support.

Finally, the WHO reports analyse tobacco use trends by sex among youth (11-15 years), using data from the Health Behaviour Surveys in School-aged Children (2001-2014). These findings are very encouraging: tobacco smoking among youth has been steadily decreasing since 2001, both in girls and boys, and the longer the time period the stronger is the reduction effect (almost 50% reduction in age 15, from 2001 to 2014). This confirms previous research, reinforcing the point that tobacco control policies are especially effective among youth and suggesting a stronger policy time effect in the long run. However, by contrast, smoking increased among youth in a few countries. In 2018, WHO estimates that, among EUR 13-15 age-group, 14% of boys and 12% of girls are current tobacco users (globally: 16% boys; 8% girls). A particular concern is the early initiation of any tobacco use and the amount of smoking: those with higher consumption remain smoking regularly over time. Boys report a younger initiation compared with girls, but at age 15, where consumption peaks, the gender gap is no longer significant. This is a particular worry due to the difficulty on reducing rates among European women.

Comparing the evolution of tobacco use in European adults with youths, the progress towards a tobacco-free generation seems an achievable goal. By contrast, tobacco use trends among European adults suggest a more complex and difficult scenario, especially among women. This highlights the need to improve cessation efforts among adult smokers, as well to implement gender-responsive strategies.

Last but not the least, it is worth noting that emergent tobacco and nicotine products remain largely unregulated. This situation and the aggressive industry marketing targeting youth and young adults may change the downward trend of tobacco consumption among Europe. This is a major public health concern. Efforts from the public health community should be aligned towards a tobacco and nicotine free world.



Source: WHO

Fig.1. Sex-specific trends and projections of tobacco smoking prevalence in CIS, EU13 and EU15 countries, ages 15 years and over, 2000-2025.

Reproduced with authorization from: European tobacco use trends Report 2019, pp 30. WHO Regional Office for Europe: Copenhagen, 2019. Source: WHO global report on trends in prevalence of tobacco smoking 2000–2025, second edition. Geneva: World Health Organization; 2018.

(<https://www.who.int/tobacco/publications/surveillance/trends-tobacco-smoking-second-edition/en/>).